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Application Number -Films Date 20 MULTIPLE DEPENDENT CLAIM **FEE CALCULATION SHEET** Substitute for Form PTO-1360 (For use with Form PTO/SB/06) * May be used for additional claims or amendments CLAIMS AFTER FIRST AS FILED AFTER SECOND **AMENDMENT** AMENDMENT Indep Indep Depend Depend Indep Depend Indep Depend Indep Indep Depend Depend 101 151 10 2 1 52 10 3 53 10 4 154 105 155 10 6 156 107 1 57 / 58 / 59 10 8 109 110 60 1 11 161 1.12 7 62 **7** 13 7 63 1 14 164 65 / 15 / 16 *L* 17 67 118 / 68 / 19 69 /20 770 $\overline{L^{21}}$ 171 /22 /23 172 173 124 174 25 175 <u>] 26</u> 176 <u>/27</u> 77 / 28 78 29 **/**79 130 80 131 181 132 82 133 83 134 84 /35 85 / 36 786 /37 87 / 38 /88 (39 /89 140 190 741 191 142 192 | 43 | 44 /93 194 45 195 146 **/**96 147 197 148 198 49 199 150 **Q**00 Total Total Indep Indep Total Total Depend Depend Total Total Claims Claims

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